



## Children's Center

### Infant/Toddler Needs and Service Plan

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

#### Feeding Schedule

Does your child drink from a bottle? \_\_\_\_\_ Cup? \_\_\_\_\_ Breast? \_\_\_\_\_

Kind of formula/milk used \_\_\_\_\_

How often do you offer your child a bottle? \_\_\_\_\_

Approximate time of day \_\_\_\_\_

Does your child eat solid food? \_\_\_\_\_ How often? \_\_\_\_\_

Typical breakfast \_\_\_\_\_

Typical lunch \_\_\_\_\_

Typical dinner \_\_\_\_\_

#### Diapering Schedule

How often do you change your child's diaper? \_\_\_\_\_

Brand of diapers used \_\_\_\_\_

Brand of wipes \_\_\_\_\_ Ointment \_\_\_\_\_

#### Napping Schedule

How many naps does your child take each day? \_\_\_\_\_

How long does your child sleep? \_\_\_\_\_

Approximate times \_\_\_\_\_

Does your child use a pacifier? \_\_\_\_\_

Does your child have any allergies/asthma? Please specify \_\_\_\_\_

Does your child have any special needs? \_\_\_\_\_

Is there any thing else we need to know about your child? \_\_\_\_\_

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